



# APPLICATION FOR REPEAT EXAMINATION FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST'S ASSISTANTS

State Form 52563 (2-06)

Approved by State Board of Accounts, 2006

**PHYSICAL THERAPY COMMITTEE  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2051  
E-mail: pla6@pla.IN.gov

\* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

APPLICATION FEE	
DATE FEE PAID ( <i>month, day, year</i> )	
RECEIPT NUMBER	
CERTIFICATION NUMBER	

**APPLICANT**  
Attach one (1) passport  
type quality photograph of  
yourself taken within the  
last eight weeks.

**DO NOT WRITE ABOVE THIS LINE**

Please check one: ☐ Physical Therapy ☐ Physical Therapist Assistant

APPLICANT INFORMATION		
Name of applicant ( <i>last, first, middle, maiden</i> )		Social Security number *
Address ( <i>number and street or rural route</i> )		
City	State	ZIP code
Telephone number ( <i>daytime</i> ) (      )	Email address	
Name of school	Date of graduation ( <i>month, day, year</i> )	

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. If malpractice, provide name of plaintiff. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied licensure, registration or certification in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you now being or have you ever been treated for drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? ( <i>Except for minor violations of traffic laws resulting in fines</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been admonished, censored, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant??	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" on your original application and submitted documentation, please check here: ☐

You only need to submit additional information if circumstances have changed since you last submitted an explanation regarding these questions.

## APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date ( <i>month, day, year</i> )
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#### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or the Physical Therapy Committee any files, documents, records or other information pertaining to the undersigned requested by the Agency or Committee, or any of its authorized representatives in connection with processing my application for physical therapy or physical therapist's assistant licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency and the Physical Therapy Committee to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application and I hereby specifically release the Agency and the Committee from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

#### AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date (*month, day, year*)